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FIG. 1

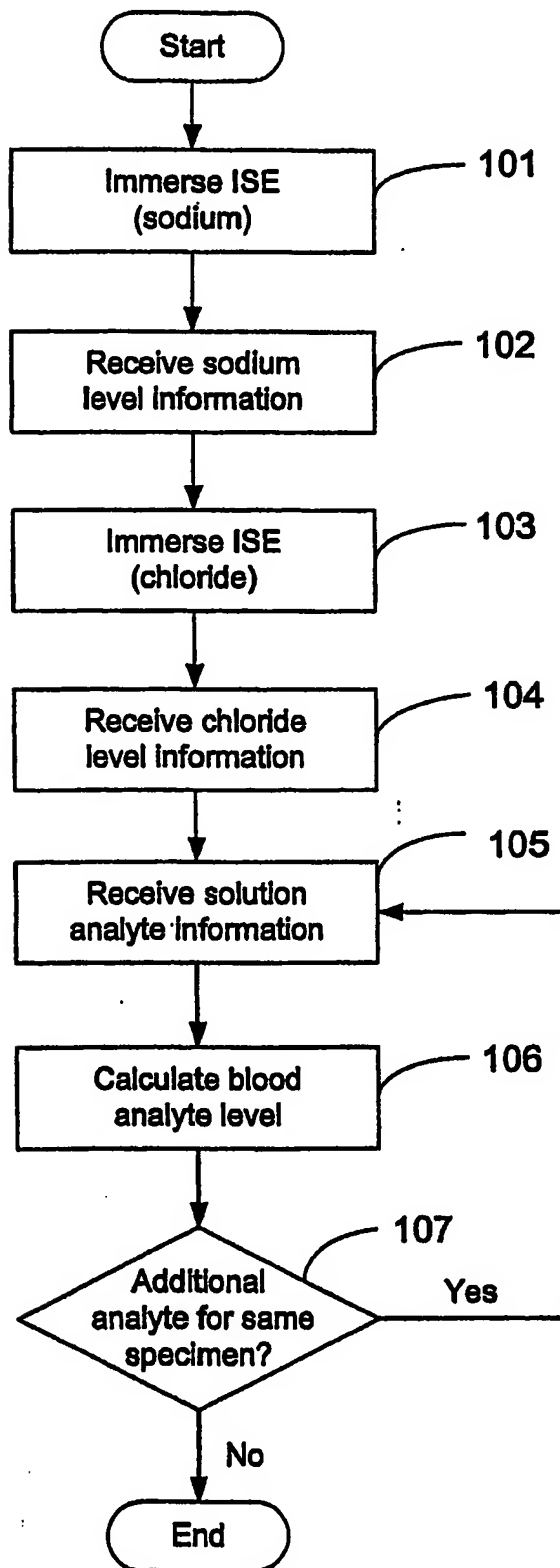


FIG. 2

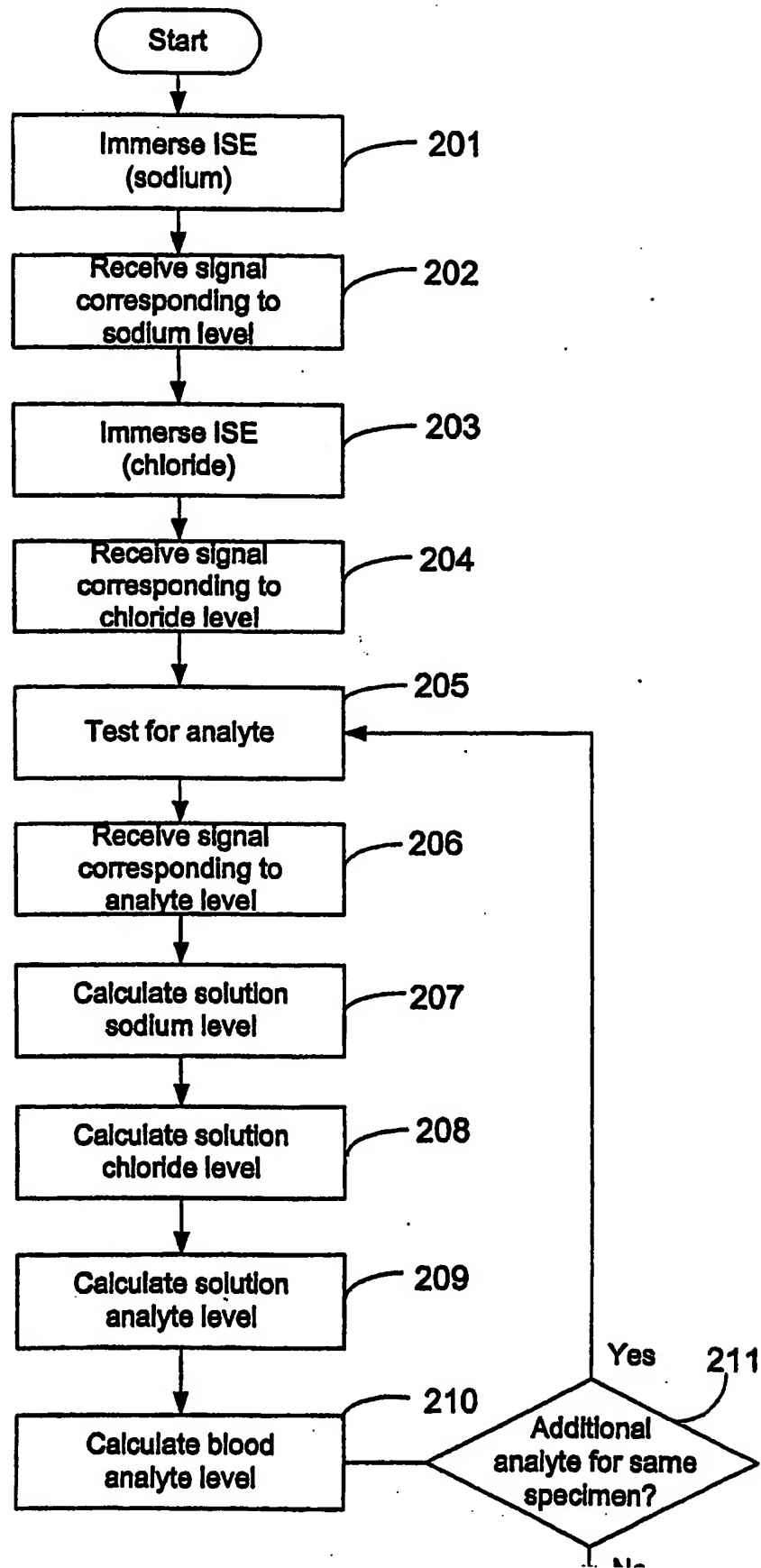


FIG. 3

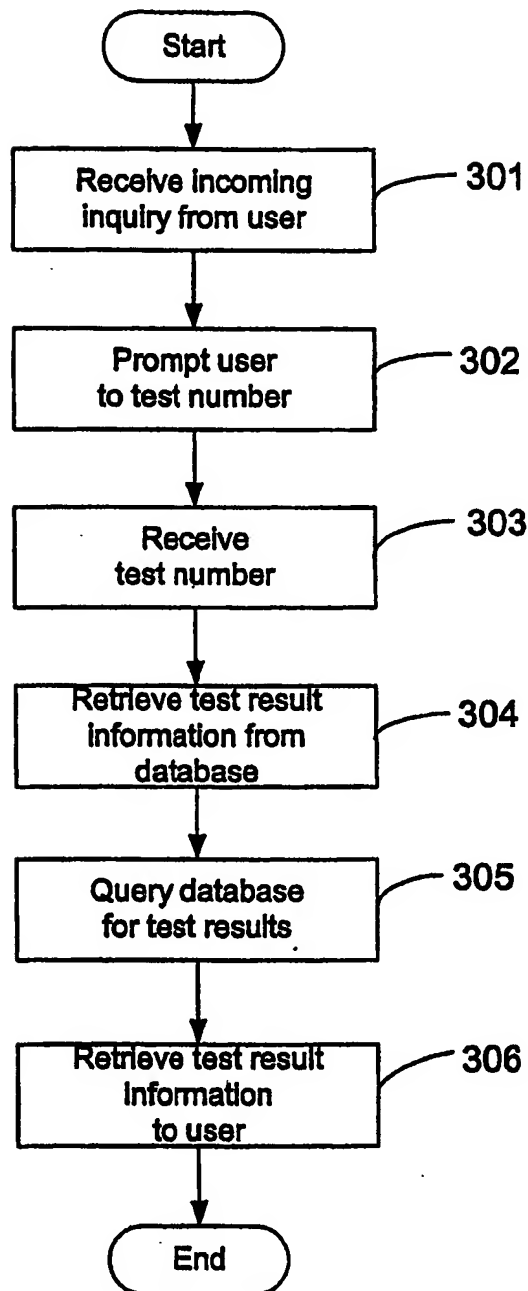


FIG. 4

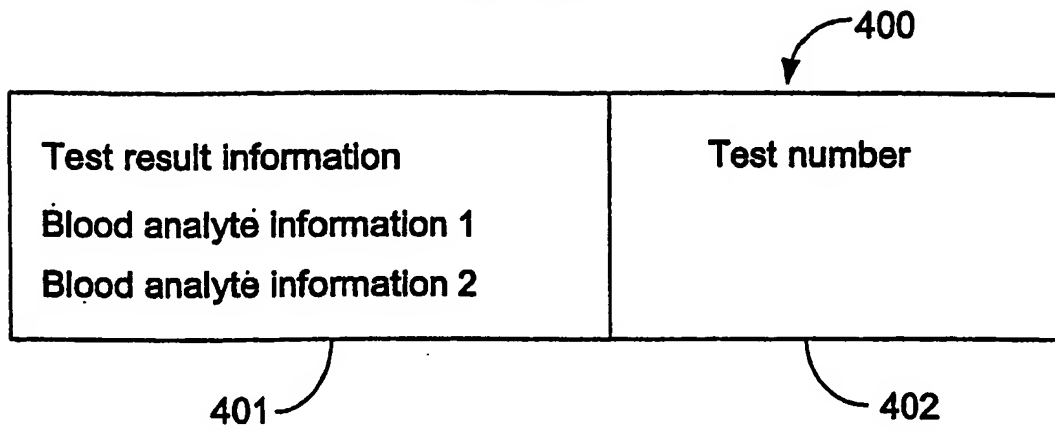


FIG. 5

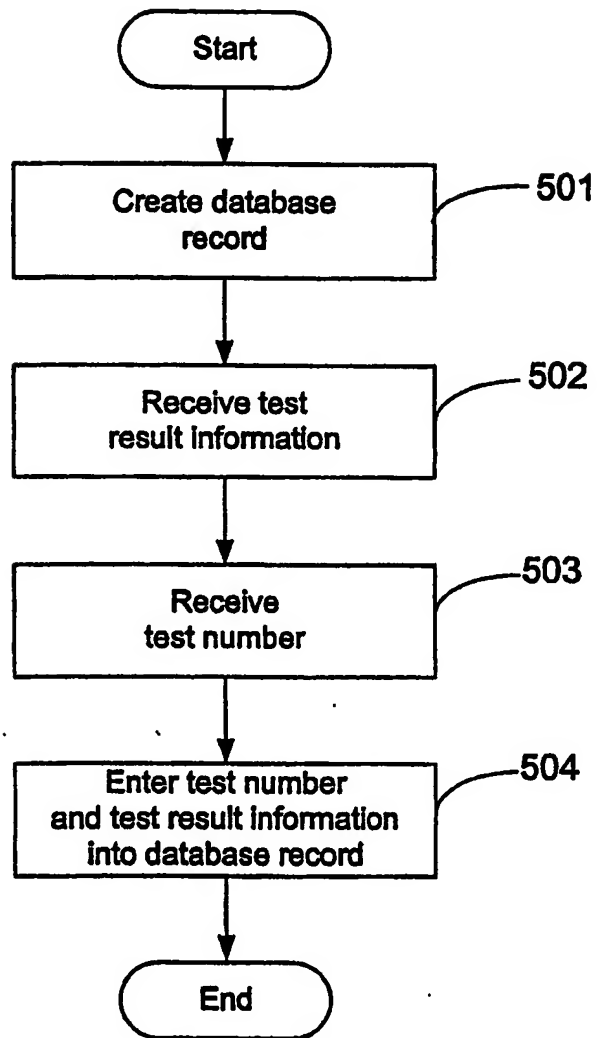


FIG. 6

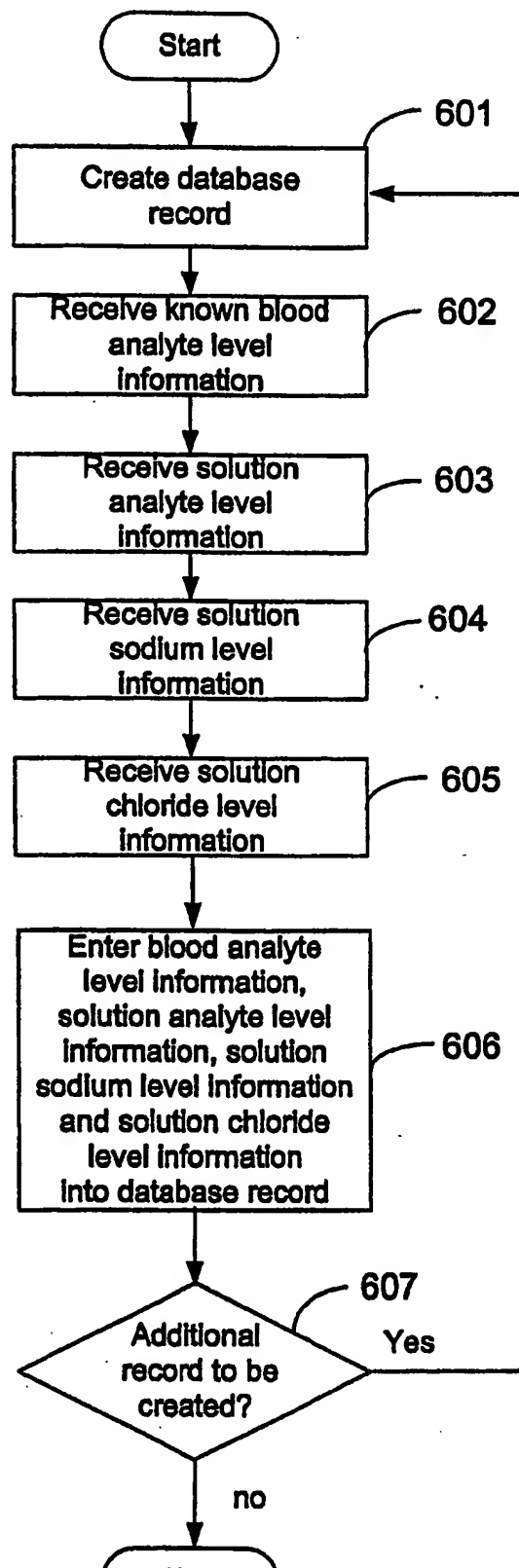


FIG. 7

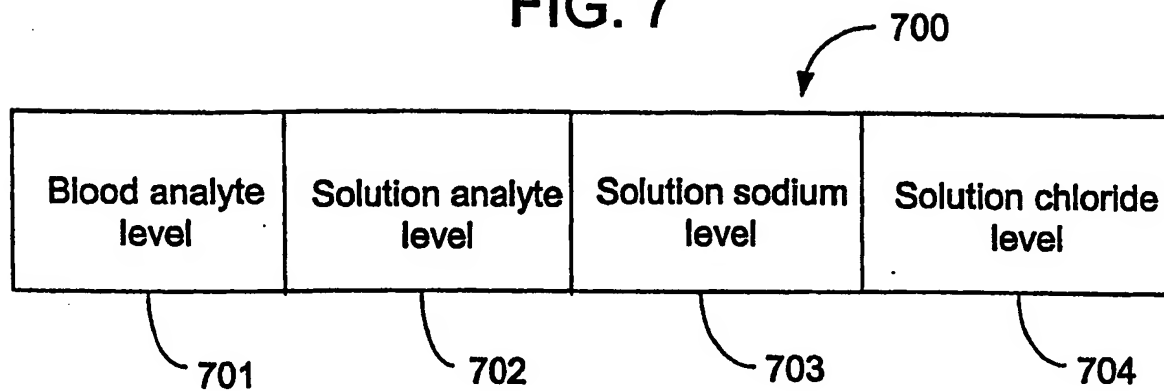


FIG. 8

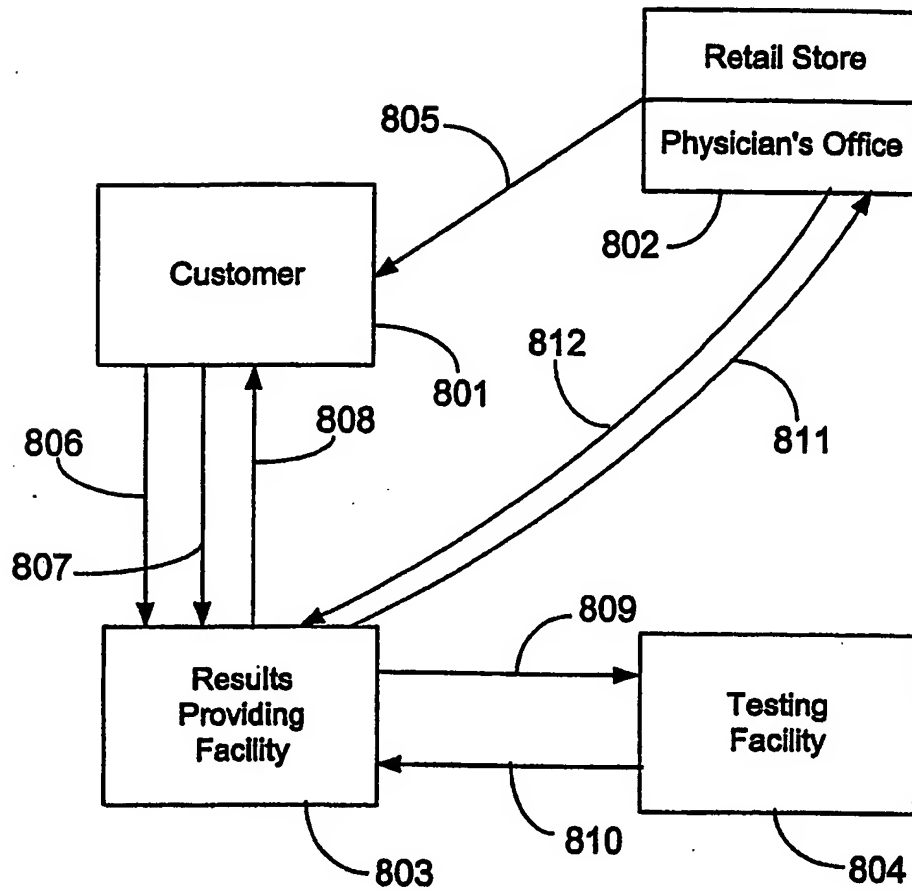


FIG. 9

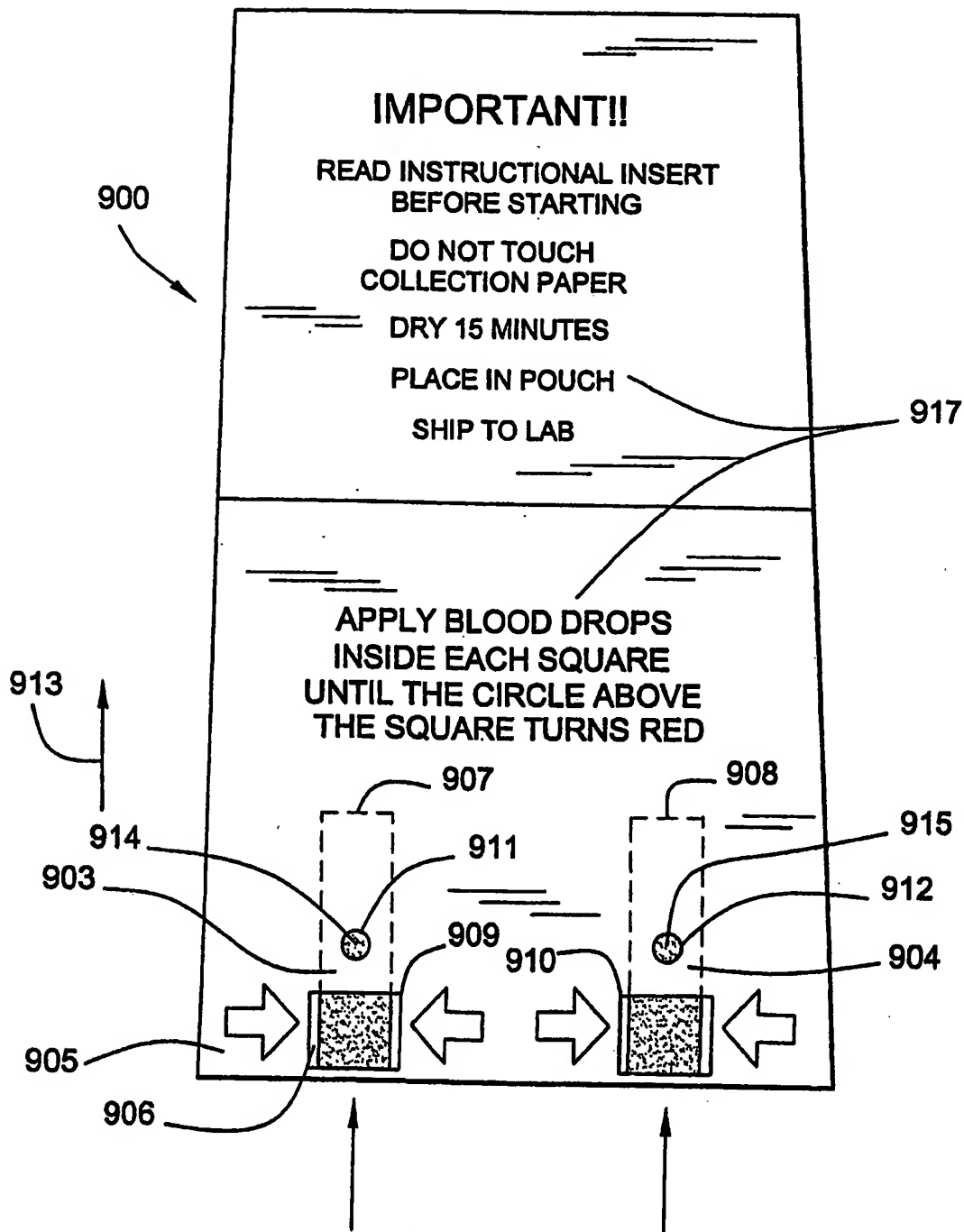


FIG. 10

Lab Reference Number

Home Access Health Corporation
Hoffman Estates, IL 60195

919

Home Access Health Corporation
Micro-Serum Collection Card

Name _____

Street _____

City _____

State _____ Zip _____

Ph _____

Date _____ Age _____

Dr. _____

918

906

FIG. 11

